

Emergency information sheet, 2/17/2000

IN CASE OF AN EMERGENCY

Council Member: _____

In case of emergency contact:

1. Name: _____
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Relationship: _____
—

Phone #: _____
—

2. Name: _____
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Relationship: _____
—

Phone: _____
—

Physician
Name and
Number: _____

Please complete this sheet and return in the enclosed envelope to Sandra Hill, 400 West Summit Hill Drive, WT 11A, Knoxville, Tennessee 37902; or fax to 865.632.3146.